

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION I - General Information

1. Name and Mailing Address of Respondent

Crown Castle USA Inc. which supports Crown Castle Solutions LLC, which is the direct parent of Crown Castle NG East LLC and Crown Castle NG West LLC, and Crown Castle Fiber LLC (f/k/a Lighttower Fiber Networks II, LLC), which is the successor-in-interest to Lighttower Fiber Networks I, LLC, Fiber Technologies Networks, L.L.C., Wilshire Connection, LLC, Freedom Telecommunications, LLC, Fibernet Direct Texas LLC, Fibernet Direct Florida LLC, 24/7 Mid-Atlantic Network LLC, and Sunesys, LLC. The mailing address for all entities is 2000 Corporate Drive, Canonsburg, PA 15317.
REDACTED

☒ Check here if this
is a change of
address.

2. Year Report Filed

2019

3. Reporting Period (Ending Date of Pay
Period Covered by Report)

04/01/19

4. Number of Full-Time Employees during Selected
Reporting Period (check one):

- a. ☐ Fewer than 16 (complete Sections I, IV, and V only)
b. ☒ 16 or more (complete all sections)

REDACTED

SECTION II - Full-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)														Total Columns A - N
		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												
				Male						Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5														0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11														0	

SECTION III - Part-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)														Total Columns A - N
		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												
				Male						Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5														0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11														0	

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

REDACTED

This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.

This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company.
(Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date 5/21/2019	Typed or Printed Name of Person Signing Garrett Griffin	Signature 	Telephone No. (713) 570-3000
Title of Person Signing VP Total Rewards		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	



May 24, 2019

ATTACHMENT

2019 FCC Form 395

Crown Castle USA Inc. on behalf of several affiliated entities

Section II – Full-Time Employees.

REDACTED

Section IV – Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

REDACTED